

NOTICE OF INDEPENDENT REVIEW DECISION

February 24, 2003

RE: MDR Tracking #: M2-03-0320-01-SS
IRO Certificate #: IRO 4326

The ____ has been certified by the Texas Department of Insurance (TDI) as an independent review organization (IRO). The Texas Workers' Compensation Commission (TWCC) has assigned the above referenced case to ____ for independent review in accordance with TWCC Rule §133.308 which allows for medical dispute resolution by an IRO.

____ has performed an independent review of the proposed care to determine if the adverse determination was appropriate. In performing this review, relevant medical records, any documents utilized by the parties referenced above in making the adverse determination, and any documentation and written information submitted in support of the appeal was reviewed.

The independent review was performed by a ____ physician reviewer who is board certified in neurosurgery which is the same specialty as the treating physician. The ____ physician reviewer has signed a certification statement stating that no known conflicts of interest exist between him or her and any of the treating physicians or providers or any of the physicians or providers who reviewed the case for a determination prior to the referral to ____ for independent review. In addition, the reviewer has certified that the review was performed without bias for or against any party to this case.

Clinical History

This 35 year old male sustained a work-related injury on ____ when he slipped on a slick surface and fell forward, injuring his neck and lower back. MRIs of the cervical and lumbar spine revealed the following: MRI of the cervical spine is within normal limits. MRI of the lumbar spine reveals desiccation at L4-5 with moderate right paracentral disc protrusion, desiccation at L5-S1 without focal disc protrusion, and mild anterior wedging of the T-12 vertebral body. A myelogram of the cervical spine was unremarkable and a myelogram of the lumbar spine revealed a possible minimal posterior disc protrusion at T11-12. The patient attempted physical therapy without relief and one epidural steroid injection without relief. The treating physician is recommending that the patient undergo a lumbar laminectomy and discectomy.

Requested Service(s)

Lumbar laminectomy and discectomy.

Decision

It is determined that the lumbar laminectomy and discectomy are medically necessary to treat this patient's condition.

Rationale/Basis for Decision

A bilateral L4-5 hemi-laminotomy and partial discectomy as recommended by the patient's physician is a well-accepted and reasonable treatment option for this patient. The patient's symptoms are consistent with a herniated nucleus pulposus at L4-5 that has persisted nearly a year without response to standard non-surgical treatment modalities. Therefore, the lumbar laminectomy and discectomy are medically necessary.

This decision by the IRO is deemed to be a TWCC decision and order.

YOUR RIGHT TO REQUEST A HEARING

Either party to this medical dispute may disagree with all or part of the decision and has a right to request a hearing.

If disputing a spinal surgery prospective decision a request for a hearing must be in writing and it must be received by the TWCC Chief Clerk of Proceedings within **10** (10) days of your receipt of this decision (20 Tex. Admin. Code 142.5 (c)).

If disputing other prospective medical necessity (preauthorization) decisions a request for a hearing must be in writing and it must be received by the TWCC Chief Clerk of Proceedings within **20** (twenty) days of your receipt of this decision (28 Tex. Admin Code 148.3).

This Decision is deemed received by you 5 (five) days after it was mailed (28 Tex. Admin Code 102.4(h) or 102.5(d)). A request for hearing should be sent to: Chief Clerk of Proceedings, Texas Workers' Compensation Commission, P.O. Box 40669, Austin, Texas, 78704-0012. **A copy of this decision should be attached to the request.**

The party appealing the decision shall deliver a copy of its written request for a hearing to all other parties involved in the dispute (Commission Rule 133.308 (t)(2)).

Sincerely,

cc: Rosalinda Lopez, Program Administrator, Medical Review Division, TWCC

<p>In accordance with Commission Rule 102.4 (h), I hereby verify that a copy of this Independent Review Organization (IRO) Decision was sent to the carrier, the requestor and claimant via facsimile or U.S. Postal Service from the office of the IRO on this 24th day of February 2003.</p>
